



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tolentino	Michelle	Theresa	(808) 841-5877
MAILING ADDRESS (Street)			FAX
1617 Palama Street			(808) 847-7829
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Laborers' International Union of North America Local 368			(808) 841-5877
MAILING ADDRESS (Street)			FAX
1617 Palama Street			(808) 847-7829
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Laborers' Pac		(808) 845-3238
MAILING ADDRESS (Street)		FAX
1617 Palama Street		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Donna Kekauoha		(808) 841-5877
MAILING ADDRESS (Street)		FAX
1617 Palama Street		(808) 847-7829
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Benjamin Saguibo		Business Manager/Secretary-Treasurer	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Laborers' International Union of North America, Local 368 AFL-CIO		(808) 841-5877	
MAILING ADDRESS (Street)		FAX	
1617 Palama Street		(808) 847-7829	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
Benjamin Saguibo		January 24, 2005	
(Signature of Authorizing Officer or Person Represented)		(Date)	